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THE PHRENOLOGY OF SWEDENBORG.

Observations on the Phrenological Opinions of Swedenborg, and the Theory of Life. By T. Abell, M.D. of Lempster, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—As Craniology, or Phrenology, seems to be a leading topic at the present day, it may be interesting to some of our profession to know that the celebrated theologian, Emanuel Swedenborg, stated the leading principles of the science about fifty years before its reputed inventors or discoverers, Drs. Gall and Spurzheim. This science supposes that the mind acts through the brain, and that different faculties or affections of the mind act through their appropriate parts of the brain; that these parts of the brain are peculiarly full and large when the faculties or affections of which they are organs have peculiar strength, and that the skull being fitted exactly to the brain, the powers or tendencies of any individual must be indicated by the form of the skull.

This science has recently acquired much celebrity as of modern origin, and has many professors and believers. Many elaborate works have been written in defence or explanation of it, which go on the ground that these peculiarities are determined before birth, and that the indications of character afforded by the form of the head are fixed and may be relied on in childhood, when education begins; but Swedenborg, in the following extract, seems to speak rather of the various changes, in the form of the skull, which may be produced by changes in the character.

The extract was originally taken from the "London Medical Repository and Review."

"The following observations, which we have accidentally met with in an old volume of the *Goetingische Taschenkalender*, will be considered by some as another confirmation of the truth of the saying, that 'there is nothing new under the sun.' Without supposing that Dr. Gall borrowed any of his notions from the source here indicated, it is interesting to observe how similar were the views entertained by the Swedish theologian, on the influence exercised by the different parts of the brain upon the form of the human skull.

"Capt. F. Walden published at Copenhagen, in 1806, a biography of the celebrated Swedenborg, along with some extracts from his writings. It is very remarkable, as it is shown by this work, that the distinguished Swede, about fifty years previous to Dr. Gall's theory, should have entertained a very similar opinion. The following are the words of Swedenborg:—'Every man that is born has a disposition to all kinds of evil, which must be checked by education, and as far as possible rooted out. This is first to be attempted by correction and punishment, then by good society and example, which leads to imitation, and at last good is secured upon a true and religious root. When these conditions are all observed, *it is indicated by a beautiful skull of the individual.* On the contrary, should the education be neglected, or no sudden misfortune nor opposition hinder the first out-breakings of evil or disorder, the evil afterwards becomes habit, and produces peculiar wishes both in design and practice, *which cause the formation of a badly-shaped skull.* The cause of the difference of skulls in such cases is this: the peculiar distinctives of man, *Will* and *Understanding*, have their seats in the brain, which is excited by the fleeting desires of the will, and the ideas of the intellect. Near the various spots where these irritations produce their effects, this or that part of the brain is called into a greater or less degree of activity, and *forms along with itself corresponding parts of the skull.*"

It appears that Drs. Gall and Spurzheim assign the occipital part of the cranium for the manifestation of the affections of the will, and the frontal portion for the display of the ideas of the understanding. This likewise was the opinion of Swedenborg, as he has more than once stated in his numerous writings that the cerebrum is the seat of the understanding, and the cerebellum the seat of the will and all its derivative affections; and that the latter contains the first and most essential principle of life, for the moment the will is destroyed, life becomes extinct. It is, perhaps, on this account, that injuries on the back of the head are so often immediately fatal; while on the other hand, it is known to every surgeon of experience that the cerebrum will not only suffer a derangement of its texture from wounds, but has, in many instances, been in part discharged, and followed by perfect recovery.

If the above observations are strictly true, we may safely presume that the nerves which preside over organic life have their origin in the cerebellum, or seat of the will and affections; and those which preside over sensitive life, proceed from the cerebrum, or seat of the understanding.

I have been so far convinced of the truth of the above observations for several years past, that I have formed my prognosis principally from the locality of the first morbid sensations perceived by the patient when attacked by fever or other general disease, and these are never more prominent than in times of great epidemic excitement.

If the first morbid sensations occupy the occipital or cervical region, the disease in its progress will, generally speaking, assume a character indicative of disorganization either general or local, attended with the usual concomitants of a malignant diathesis; on the contrary, when the above described sensations are seated in the frontal part of the head, they are the precursors of a mere nervous affection or derangement of the organs of sensitive life, and consequently not immediately dangerous, except when the nerves of organic life (as sometimes happens) become implicated in the derangement of other parts of the sensorium.

All systems of therapeutics have been written on the ground that man possesses life in and of himself, and that this principle has been propagated with the material parts of the body through all generations, from the first man, into whom *only* "Deity breathed the breath of life." But however plausible this may appear, or however congenial to the natural pride of man, it is an obvious fallacy; for the animal system is a *connatus*, or so constructed as to be only a recipient of life from the great spiritual fountain of all life and created existence, and this by a *continual influx*, which by an established law in the divine economy can never be intercepted or withheld while the recipiency of the subject continues to exist: but when, either from accident or disease, the system becomes so far disorganized as to become non-recipient of a due share of the vital principle to carry on the functions of life, then man is said to die.

It is this principle of life, which is not innate in man, but continually derived, that has so puzzled all the celebrated writers on medical therapeutics, from Hippocrates to the present day. They seem not to have agreed in assigning it a name, except that it was a certain something to them undefinable. But the doctrine of spiritual influx, I apprehend, supersedes the imaginary vital ether of Van Helmot, and Gaubius's medicating power of Nature; the undefined medical soul of Stahl, and the impelling power of Boerhaave; the fanciful excitability of Brown, and the spirit of animation of Darwin.

Amongst all these undefined systems, that of Stahl appears far the most consistent and philosophical, which is that the soul (the will and the understanding) governs all the actions of the body.

While the human mind is veiled in obscurity in respect to its origin and particular mode of existence, it is not reasonable to expect great approximation towards truth, either in physiology or pathology. To all human appearance, it may well be considered a great misfortune to medical science, that the most learned and leading members of the profession are, almost without an exception, *naturalists*; that is, they not only attribute all the phenomena of organic life to an inherent principle in matter, but they investigate and search with untired assiduity the noisome lakes, the stagnant pools, the miasmic fens and contaminated atmosphere, together with all the clefts and chinks in the whole frame of nature, for the *cause* of epidemic and some other diseases! when the plain truth is, that these sinks of filth and stench are but the *media* through which the cause or active agent operates to produce the effect.

Perhaps there never was a time when old established theories were more severely attacked and more successfully broken up than at the present day; but while the floating fragments still obscure the intellect of medical men, and cause so many discordant, and we may say opposite opinions, it is extremely difficult to foresee (although very desirable) when any new system will be adopted as a substitute, that will be any more likely to ameliorate the condition of suffering humanity. In fact, it can hardly be said that the present mode of practice, in the hands of the most skilful of the profession, is more successful than that of Hippocrates, Sydenham, or Cullen, if we except that of operative surgery.

There is, however, one pleasing trait discoverable in the present zeal after medical knowledge, which I apprehend is attached to those of more elevated minds and profound observation than the generality of the profession, and that is the control which the mind exerts over the functions of the body. Almost every medical journal that comes to hand adds new demonstration of this truth ; and whether it is the primitive formation of the brain, with a corresponding development of the skull, that determines the future character, according to Drs. Gall and Spurzheim—or whether the peculiar propensities in the mind of the individual exert an influence to produce these inequalities observable in the form of the head, as Swedenborg has suggested*—one thing is certain, and proved by daily experience, viz. that changes in the mind are followed by changes in the constitution and animal functions. Almost every one experiences these changes more or less during life. We often reject certain articles of food which had previously been indulged in with a high relish and considered indispensable to health, when from some accidental circumstance the mind becomes " set " against them, whereby they are not only rendered disgusting to the palate, but absolutely injurious if not poisonous to the system.

If the above remarks should find admittance into the columns of the Journal, I may, at some future opportunity, communicate some further observations on the influence of the mind and the application of remedial agents.

November, 1833.

LITHOTRITY AND ITS AUTHORS.

AN EXTRACT FROM A LETTER FROM A MEDICAL GENTLEMAN IN PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

As I have lately had an opportunity of seeing the three men most distinguished here in lithotrity, operate, and observed the modifications in their instruments, I will endeavor to give you, as far as possible, their different methods, with some remarks on the present state of lithotrity in France.

The men who are now most prominent in their claim for the discovery of destroying the stone in the bladder without a cutting operation, are Civiale, Amussat, and Leroy, each of them advancing different reasons for its being preferred. So far as I have been able to learn, each has contributed his part to the perfection of the operation, and neither of them can take the whole merit to himself. It seems that the first that was heard of the operation was in 1813, when a M. Gruitheisen published in one of the German journals a description of a new method for destroying the stone in the bladder ; the mode he suggested was, to introduce a canula into the bladder, and through the canula pass two fine wires, forming a loop at the end in the bladder. The stone was to be seized in this loop, drawn firmly against the end of the canula, and then, by a foret introduced, was to be slowly ground up. This operation seems to have never been practised, not even by the author himself, and nothing has been heard of it since. In 1822 Amussat first established the possibility of entering into the bladder with a straight sound; and shortly after, both he and Leroy presented to the Academy of France their instruments, much the same as those at the present day, for seizing and grinding the stone. Leroy, it seems, had before constructed an instrument for this purpose, but it was useless from its form being curved. Shortly after, Civiale, who had been waiting in quiet, brought forward his instrument of three branches, and to him belongs the honor of having first *practised* this operation on the living body.

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* Our correspondent is in error in assigning so wide a difference as is here stated. It was the opinion of Dr. Spurzheim, and we have often heard him express it, that by long and assiduous cultivation of any faculty or propensity, the form of the head is altered.—Ed.

As Civiale is the most prominent in lithotrity at present, I begin with the mode of operating practised by him. The patient being prepared by diet for a week previous, and the urethra, if not sufficiently large to admit the instrument, or more than commonly irritable, being dilated by bougies, or accustomed to them by passing them daily, the operation is as follows:—The body is placed in a recumbent position, with the pelvis somewhat raised by pillows, the legs slightly separated; the operator, standing on the right side of the patient, seizes the penis with the left hand, and with the right introduces the instrument, properly oiled, and the asperities at the end covered with wax, into the urethra. In passing it into the bladder, hardly the slightest degree of force is employed; the instrument being allowed first to sink slowly by its own force perpendicularly to the curve in the urethra, is then, being carried to a horizontal direction, delicately elevated over the prostate, and slips into the bladder. In this part of the operation Civiale is unique, and has, by this kind of caution, seldom failed in making a passage through the most obstinate urethras. The instrument introduced is now opened—not by pushing the claws forward—but by drawing outward the canula, thus avoiding the risk of wounding the bladder. He then cautiously seeks for the stone, and seldom fails to find it almost immediately; the claws of the instrument are then closed, and the foret or grinder pushed down forcibly in order to crush the stone if small, or to force it out if not properly seized. When the stone is discovered to be well within the gripe of the instrument, a handle is affixed to its free extremity, and being given to an assistant, the stone is ground by turning the foret swiftly round with a bow made for the purpose.

The stone being once broken, the pieces are successively submitted to the same operation, and this is continued for the space of ten minutes, or less if the patient complain of being fatigued; he is then put upon a low diet, takes a bath, and the operation continued in three, four, or six days, according to circumstances. So far as I have been able to judge, five or six repetitions of the operation are necessary to entirely destroy the stone. I omitted to state that before introducing the instrument, the bladder is distended by an injection of warm water. The pain suffered by the patient during the operation is, in those cases I have seen (between thirty and forty), hardly to be mentioned, and its after effects are usually a slight febrile attack, which almost invariably arises every time it is repeated.

The following, taken from the report lately published, made by Civiale to the Academy last August, will give you some idea of the success of lithotrity. Of 77 patients who have entered the hospital Necker these last two years, having all the *rational* signs of the stone, 41 had no stone. Of 36 who had it, 20 were operated by lithotrity, and all cured

—4 were lithotomised (he operates always by the hypogastrium), of whom two were cured and the other two died. Of twelve who kept the stone without operation, six died, and the other six were dismissed as unfit cases for operation. He says, of those un-operated, many essays of lithotomy were made to show that the operation was not possible, so that we may safely place the immediate death, or proximate cause of death, in many of this last class, to the operation itself.

The mode of operating used by Leroy is much the same as that of Civiale, and his instruments, with some slight modifications, the same. Instead of placing the patients on the bed, he has a table constructed for the purpose, about two feet and a half high, with two bars shooting out at the end, so that the patient being placed on the edge of the table, has his feet supported by two shoes, as it were, placed on the end of the projecting bars, thus having the position of a female for the application of the forceps :—by this disposition the operator can place himself between the legs of the patient. The instrument is introduced and the stone seized as by Civiale ; then, instead of being held by an assistant, it is screwed on to a bar of iron which projects from the end of the table, making a firm and unyielding support for the canula. He has lately operated, by Roux's permission, at La Charité, on two cases of stone ; and one, who had had the symptoms of stone for eighteen years, was entirely cured, after three sittings ; the other has been operated on twice, and will probably require one or two more operations.

Amussat differs in his instruments from the two other gentlemen, in a number of particulars. In the first place there are six branches to it, so arranged that the stone being seized between two of the branches more separated than the rest, the instrument is turned, and then by relaxing the hold a little, the stone drops into this kind of cage formed by the multiplied claws ; by this means he thinks to be able to destroy the stone in one operation, from the morsels of stone not escaping each time the perforator passes through, as is the case in the three-branched lithontriptor ; at least this is the theory—in practice I do not find he destroys the stone with more despatch than Leroy or Civiale. Amussat, when the case is such as not to be proper for lithotrity, operates invariably for the taille by the haut appareil, and is very successful.

Besides the above-mentioned instruments for grinding the stone, there are a number of others which are daily being brought forward, for crushing, and among these the one the most simple and the most used in Paris, is that of Jacobson ; its size and form is that of a large catheter ; being introduced, it opens by pushing out a loop, as it were, made by a number of pieces, moveable one upon the other ; a portion of stone is soon brought between its jaws, by carrying it along the surface of the bladder, and crushed by a vice or swivel affixed to the moveable end, and passing through the canula : the whole instrument forms but one piece, so that, in case of breaking in the bladder, it is easily withdrawn. It has the advantage of being used without danger by an inexperienced person, the bladder not being so easily wounded as with the branched instrument, but it is only applicable to small-sized stones. I shall send it by the first opportunity. Besides this, we have Harteloup's brise coque, or stone hammer, as Sir Astley called it, which is not much used in Paris; but, according to an account rendered by himself yesterday to the Academy, of 38 patients treated in London, where he is at present practising, 37 had been cured, and one died. He has come over here, it is said, to go through a course of experiments with Leroy on the different instruments of lithotrity, to determine which are the most worthy of being employed.

Lithotrity, so far as I can judge, is daily gaining ground here, and taking the place of the operation for the taille, though it can of course never entirely supplant it. There are, I suspect, few medical men in Paris, at the present day, who, if afflicted with stone, would not in preference submit to be lithotrised. It is well known that Lisfranc was operated on a few years since by Civiale; and within a few weeks, I am told, your former instructer, Dubois, has been successfully treated by the same operator.

The patients who are rejected for lithotrity, are those who are suffering from great disease of the urethra preventing the introduction of the instrument, enlarged prostate, or with very irritable bladders, and finally, from great size or extreme hardness of the stone, though I have not seen one instance yet where this last has been an objection.

I have now given up my predatory expedition to the different hospitals, and shall follow Lisfranc almost entirely. The lectures given us this morning and yesterday on a case of amputation, have been more original and more to the point than any I have ever heard. I shall endeavor to give you in my next letter his ideas on this subject, and also those now generally in vogue in Paris, as they differ materially from ours.

AN ESSAY ON AUSCULTATION AS APPLIED TO CARDIAC DISEASES,

CONTAINING A NEW HYPOTHESIS REGARDING THE SOUNDS OF THE HEART.

BY CHARLES HOOKER, M.D.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 251.]

Researches and Hypothesis of Dr. Hope.—The views of Dr. Hope were in part originally communicated to the public, in the London Medical Gazette, in 1830 and 1831. In the early part of 1832 he published a volume of 612 octavo pages, entitled "A Treatise on the Diseases of the Heart and Great Vessels, comprising a new view of the physiology of the heart's action, according to which the physical signs are explained." Independent of its being the best guide to the auscultation of the heart, this treatise is by far the most valuable work extant on the physiology and diseases of the heart, and ought to have a place in every physician's library.

The opinions of Dr. Hope are the result of extensive observations in different hospitals, and of numerous experiments made with living animals. These experiments were conducted in the presence of several of the principal medical gentlemen of London, and in such circumstances, that his statements of the facts observed can hardly be doubted. It is, too, not a little in favor of his statements, that his observations regarding the motions of the different parts of the heart, correspond very nearly with those of the older physiologists, Haller, Harvey, Lancisi, &c. whose testimony, on this subject, was given without the bias of conflicting hypotheses regarding the impulse and sounds of the heart.

The phenomena of the heart's action, in their order of occurrence, are thus described by Dr. Hope.

"The first motion of the heart which interrupts the interval of repose, is the auricular systole. It is a very slight and brief contractile movement, more considerable in the auricular appendix than elsewhere, and propagated, with a rapid vermicular motion, towards the ventricle, in the systole of which it terminates rather by continuity of action, than by two successive movements.

"The ventricular systole commences suddenly, and terminates in the diastole, which is marked by the second sound. Synchronous with the systole are, the first sound, the impulse of the apex against the ribs, and, in vessels near the heart, the pulse; but, in vessels at some distance, as the radial, the pulse follows at a barely appreciable interval.

"The systole of the ventricles is followed by their diastole, during which they return, by an instantaneous expansive movement sensible to the touch and sight, to the same state (with respect to size, shape, position, &c.) as during the previous interval of repose. This movement, or diastole, is accompanied by the second sound, by an influx of blood from the auricles, by a slight retractile motion of these cavities [the auricles] most observable at their sinuses, and by a retrocession of the apex of the heart from the walls of the chest.

"Next succeeds the interval of repose, during which the ventricle remains at rest, in a state of fulness, though not distension, through the whole period intervening between the second and the first sounds; but the auricle remains at rest during the first portion only of that period, the remainder being occupied by its next contraction, with which recommences the series of actions described." (Hope's Treatise, p. 39.)

The Rhythm of the successive actions Dr. Hope summarily describes, in the following order. "1. The auricular systole. 2. The ventricular systole, the impulse, and the pulse. 3. The ventricular diastole. 4. The interval of ventricular repose, towards the termination of which the auricular systole takes place."

The Duration of the successive actions he considers "the same as indicated by Laennec, viz. The ventricular systole occupies half the time, or thereabout, of a whole beat. The ventricular diastole occupies one-fourth, or at most one-third. The interval of repose occupies one-fourth, or rather less. The auricular systole occupies a portion of the interval of repose." (Hope's Treatise, p. 30.)

As before remarked, these views of Dr. Hope coincide very nearly with those of the older physiologists—they thus far comprise nothing of hypothesis, but, it is thought, may be considered as well-established facts. His rationale of the impulse and sounds, or his explanation of their immediate causes, is, in part at least, hypothetical, and may therefore admit of doubt.

The impulse, he supposes, is produced by the systole of the ventricles—the immediate cause being, the tilting forward of the apex against the ribs, a circumstance which is ascertained to occur during the systole.

" *The first sound* is caused by the systole of the ventricles.

" *The second sound* is caused by the diastole of the ventricles."

Both sounds, he thinks, are produced by the motions of the blood within the heart. The *first* sound is occasioned by the contraction of the ventricles, by which " an impulse is given to the particles of fluid in contact with the ventricles; and this being propagated by collision from particle to particle, generates sound "—the collision of particles being more extensive and violent, on account of the various sinuosities of the ventricular cavities, by which the blood " is thrown into an infinity of conflicting currents." The *second* sound is occasioned by the diastole of the ventricles, during which the blood " shoots with instantaneous velocity from the auricles into the ventricles; and the reaction of the ventricular walls on its particles, when their course is abruptly arrested by the completion of the diastole, is the cause of the loud, brief and clear sound."

Laennec and Dr. Hope coincide in attributing the first sound, the impulse, and the arterial pulse, to the ventricular systole. Laennec gives no explanation of the immediate cause, or the philosophy, of the sound; which Dr. Hope ascribes to the motion of the blood within the ventricles. They differ regarding the mechanism of the second sound, which Laennec attributes to the systole of the auricles, while Dr. Hope attributes it to the diastole of the ventricles. It will be observed, however, from a strict comparison of the views of these authors, that they differ on this point less than might, at first thought, be supposed. Both agree that the natural state of the ventricle is that of fulness; or, in other words, that the ventricle remains full during the period of repose. Laennec thinks that the first action, after this period of repose, is the systole of the ventricle. Dr. Hope makes a distinction between a state of *fulness*, and that of *distension*; and thinks, that the first action, after the period of repose, is a slight and silent contraction of the auricle, by which the ventricle is changed from a state of fulness to that of distension, immediately after which comes the systole of the ventricle. It is Dr. Hope's notice of this slight and silent contraction of the auricle, that constitutes the chief difference between their views—both agreeing that the diastole of the ventricle immediately follows its systole; and that, during this diastole, occur the second sound, and the filling of the ventricle by an afflux of blood from the auricle. Dr. Hope attributes the diastole of the ventricle, principally, to " that *power* of the muscle (whether elasticity or something more, is unimportant) by which it reverts from the state of contraction to that of relaxation, and in virtue of which it exercises a degree of suction." Laennec, while he admits that the ventricles possess such a power, appears to attribute the dilatation and filling of the ventricles principally to the contraction of the auricles.

The elaborate and careful experiments and observations of Dr. Hope, with the investigation which this subject has received from various other gentlemen, may be considered as having fully settled these leading principles—that the first sound, and the impulse, are in some way caused by the systole of the ventricles; and that the second sound is caused by the diastole of the ventricles. The explanations which have been given of the immediate cause, or the mechanism, of the sounds, do not to me appear satisfactory; nor can I believe that the impulse is to be attributed *solely* to the collision of the apex of the heart against the ribs, as Laennec, Dr. Hope, and most other authors, have supposed. On these points I shall offer a hypothesis, which, it is believed, will more rationally explain the phenomena in question.

[To be continued.]

MEDICAL IMPROVEMENT.—NO. XI.

[Communicated for the Boston Medical and Surgical Journal.]

KNOWLEDGE, or, as it is called in sacred language, Wisdom, is the first principle which regulates the conduct of all rational beings. Without it, benevolence and power are useless, and for practical purposes cease to exist. The object of knowledge is Truth, which exists independent of us, and, whatever we may think, is not in the least varied by our opinion. Facts exist, whether we are so fortunate as to discover them or not, and the reality and importance of truth are not in the slightest degree influenced by our judgment. No mistake can be greater, than to imagine that moral or physical truth is in the least varied by the belief or opinion of mankind. The nature of error cannot be changed, though it should have the sanction of all the world. All learning and science consist merely in the knowledge, arrangement, and application of truth.

Among men of correct morals, variation of opinion is proportioned to the relative degree of information. It is, therefore, very inexpedient for honest men to attempt to arrive at the truth, through the channel of disputation. There is a surer and much pleasanter method. They have only to meet on friendly terms, to compare their ideas, to see the points upon which they are agreed, and to come to a fair understanding of the topics upon which they have been supposed to differ. Now, instead of contending, they are mutually to instruct each other, bring forward their respective facts, and exhibit the evidence by which they are supported. Everything that is good or useful depends on truth; hence, a knowledge of truth is of indispensable importance, and of the highest interest of any subject that can be presented to the mind.

What, then, can be the source of all the contention which has ever distracted mankind, and produced so much disorder and conflict, between individuals and communities? It is all referable to one cause—selfishness, or a disposition to prefer our own immediate benefit to the benefit of others. This principle is at open war with truth, a knowledge of which is indispensable to benevolence, and it is not confined to the individual alone, but extends to the circle, the sect, or party, with which he is associated. This selfish principle is stimulated by passion and appetite, which are constantly urging to immediate gratification, being regardless, not only of others, but even of the remote consequences upon ourselves. We are thus apt to lose sight of the general good, by pursuing a course for our own immediate indulgence, without stopping to inquire what will be the future consequence, or reflecting that our own happiness, in the end, is inseparably connected with the prosperity of others. The love of ease is also so strong a principle, that it has, perhaps, as much influence in preventing the discovery and dissemination of truth, as any other passion.

It has been the endeavor of the wise and benevolent of all ages, to emancipate mankind from these shackles. There has been a constant struggle between enlightened, calm reason, and selfish, disorderly passion. Selfish leaders attempt to monopolize all knowledge to themselves, or only to deal out such shares of it to their followers, as suit their own interest. They are the enemies of free inquiry, and attempt to prevent all investigation. They are for a cool despotism over opinion. Fanatical and enthusiastic guides have similar views with respect to knowledge, but in addition, they try to manage their adherents by exciting their passions, and diverting them into what they suppose to be a proper channel. But enthusiasm, even when enlisted in a good cause, is liable to exhaust itself, and reaction sooner or later takes place. We are at last forced to resort to knowledge, or information of the truth, as the only sure foundation of anything that is stable and permanent. Literature and science constitute a republic, of which the members are not subjects but citizens, each of whom has duties to perform. One of the principal of these duties is a free and impartial inquiry after truth in all its bearings, and a diffusion of the knowledge of it, in defiance of all opposition, from any quarter whatever.

True knowledge can never be found, where the passions usurp the prerogative of the understanding. Detached points of learning may possibly be pursued to great lengths; but to have information really useful, an impartial view of the whole ground is requisite. Truth must be admired for its innate beauty, for its utility, and for its accordance with the will of the Creator. The selfish feelings and untoward passions are to be kept in subjection, and we are to be guided by the dictates of the understanding and reason. However, it is not intended that the passions ought to be extinguished; they are good servants, when kept within their proper sphere. Like the sails of a ship, they help to waft us pleasantly and safely, so long as the vessel is at the command of the rudder. When the passions are restrained within their proper limits, the opinions and conduct of mankind depend principally upon their relative degree of knowledge.

In accordance with these principles, in every department which concerns the highest interest of man, there has been prosperity in proportion to the extent and general diffusion of knowledge. In order that mankind may become practically good, they must be wise, or have knowledge enough to know where their benevolence ought to be applied; and power, if it can properly be said to exist, is worse than useless when it is not regulated by benevolence, under the guidance of knowledge. Where circumstances favor a high development of the mental faculties, an informed mind always has the advantage over mere physical force. Military discipline is carried to such perfection, that one good soldier effects more than an armed rabble of ten men. One intelligent manufacturer, with his machine, is superior to hundreds, and often to thousands, of savages with their hands, or even with their ignorant tools. As respects the arts and sciences, the ratio between knowledge and ignorance is perhaps still greater. How absurd, then, to content ourselves with imperfect knowledge, so long as that which is more accurate is at our command.

When learning is directed to the preservation of the health and lives of our fellow beings, the preceding remarks apply with redoubled force. Here the passions, except so far as they prove to be a stimulus to exertion, and give a zest to our pursuit, should be laid aside, and self-interest, if under any circumstances, ought to sleep. We can have no more noble object in view, than to remove and palliate the calamities to which human nature is subject. If any man ought to know the truth in order to be equipped for his calling, it is the physician. If any one feels an ardor for his profession, it ought to be the medical practitioner. It is one of the kindest laws of Providence, that industry, benevolence, and skill, in a great measure, carry with them their own reward. There is no satisfaction equal to the consciousness of being able and ready to do good. The zeal of a true philanthropist is far different from the fanatical wild-fire of unruly, selfish passion. It purifies and exalts the mind above everything mean or sordid, and directs all its efforts to objects of practical utility.

It is not proper here to disturb our speculations by attempting to reverse the picture, and it would ill accord with the writer's present feelings to look upon anything but the bright side of the subject. His great desire is for the prosperity of his profession, and, through it, for an amelioration of the sufferings of humanity. His wish is, he could infuse into his younger brethren some part of the ardor which an old man still feels. While dwelling upon the subject, he fancies his age renewed. He recounts with pleasure the many improvements which have been introduced since his recollection, and is extremely gratified in the superior advantages which the present generation enjoy. All that he could further desire is, that they may improve to the greatest benefit their present privileges, till our happy country is as much distinguished by the superiority of the medical profession, as it is for the decided excellence of many of its most important institutions. S.

CASE OF MORBID APPETITE IN TYPHOUS FEVER.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

L. Glidden, Esq. of this town, aged 48, married, formerly healthy but constitution slender, came under my care in September 1831. Was attacked with the common symptoms of typhous fever; had nausea, loss of appetite, headache—tongue thick coated, white—but little pain, pulse full, not hard nor strong. 5th day, fever increased, but had a *good appetite*. Was allowed a considerable quantity of farinaceous food; and finding no inconvenience from the same, the quantity was daily increased.

15th day.—Fever continues unabated; tongue coated with dense white coat ; pulse about 90 ; skin hot and dry ; thirst inconsiderable ; secretions large ; no pain ; unable to sit up but little ; hallucination of mind ; has a voracious appetite.

His food consisted of two pints of new milk boiled, to which was added half a pint of rice, first boiled soft—making the composition about half liquid and half solid. Of this food he took daily, for 15 days, 14 pounds avoirdupois by actual weight, and could hardly be satisfied with that. Digestion was good, and bowels were moved without physic—stools color of the food he ate—urine high-colored, and in very large quantities—sleep nearly natural—perspiration copious. After fever abated, which was about the 30th day, appetite began to decline ; and when the fever had chiefly left him, he had little or no desire for food. He was restored in a few weeks to good health.

Fayette, Maine, Dec. 3, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 11, 1833.

PHYSIATRICY.

This was a favorite term of Hufeland to express the vis medicatrix, in which that physician placed unbounded confidence, and which he regarded in a somewhat more extended light than it is viewed by most pathologists of the day. According to his view, life is one and indivisible ; all which constitutes the organism, whether fluid or solid, is vivified, and above all the blood, a fluid organ, the source and mother of all life in the organism; and all the powers, elements, and relations, in universal nature, the mechanical and chemical even not excepted, are present and active in the animal economy, only raised to a higher sphere of existence and peculiarly modified by the vital power.

"The cardinal point on which everything in medicine, theory as well as practice, rests, is the relation and different reaction of the vital power, in connection with the different organization by which it acts, and the dead (chemical and mechanical) natural powers, subordinate to it. This reaction is the foundation of all diseases and their modifications, of all healing power and healing effort of nature in diseases, of all the efficacy of remedies, and thus also of all practical medicine, which, indeed, consists of nothing further than in taking advantage of, supporting, and directing this reaction of the natural power. The same powers and laws of the animate organic body, by which disease is formed, are those also by which it is removed, transformed, mitigated, and the equilibrium again restored. As these powers and laws (which I have here begun to develope) are determinate, so is also unity in the whole system of art and its different parts, and, from the same principles, may be derived the right notion, as well of the nature of diseases, as of the modes of operation of remedies, as also rules for healing ; as I shall show in my lectures on the doctrine of diseases and remedies, and practical physic."

It would appear from this quotation that Hufeland considered the powers of nature to be operating for the restoration of the system to a state of health, even while those processes are going on which constitute disease. In this view fever might be regarded as a process for eliminating morbific matter from the system, and inflammation as a vital reaction of an injured organ necessary to its recovery. All the successive processes of disease would, in this view, form a series dependent on each other, and all absolutely necessary, in consequence of an original and preceding lesion to the system generally, or to some particular organ. Whether this view can be maintained in regard to diseases generally, we hold to be exceedingly doubtful; but of some it certainly affords a convenient and plausible explanation. Thus in conformity with the theory of some ingenious French pathologist, we may regard the cholera as having for its immediate cause some poisonous principle dissolved in the atmosphere, and consider the profuse evacuations sursum and dorsum, which characterize it, to be but the efforts making by nature to rid herself of the deleterious agent. A view of the powers of nature and of the tendencies of disease, such as we have now been describing, while it encourages and sustains the confidence of the practitioner, is little calculated to lead to any very active or energetic practice. Guided by a pilot of unlimited power and unerring skill, he may well feel disposed to relax his efforts and lay aside any excessive anxiety as to the event. He will be satisfied if he can assure himself that he can detect in the symptoms the actual nature of the disease, and that by his treatment he favors instead of thwarting the benevolent designs of nature; or if not able to determine the proximate cause on which the symptoms depend, he contents himself with quietly watching their course, convinced that it is better to do nothing, than to run the risk of doing mischief. That something like this is the mode and principle of practice which the physiatricist would recommend, we think will be evident from the following words of Hufeland himself, the last or nearly so which ever proceeded from his pen.

"If we may still add one wish, it is, that our younger brethren will restrain themselves in the too bold use of heroic means and violent methods, especially poisons and immoderate bloodletting, and that they may be ever mindful of the *first* principle of physiatricy:

Natura sanat, medicus curat morbos.

"The remedy is a condition of the cure, and leads to it, but it is nature which performs it. If you assist her too much, or disturb her healthy operations, you hinder, by your remedy, the sanatory process, instead of furthering it. And then of the *second*:

Ne noceas, si prodesse credis.

"Never forget that your remedy, besides its operation on the disease, also acts on the organism, and may do harm to organic life and its integrity; so that, although you thereby free the sick person from his present disease, you may yet for the rest of his life do a very deplorable injury to his health and longevity. This is especially true of the employment of remedies easily disturbing the organism in its finest relations, the metallic and narcotic, and in their too strong or persevering use, especially during childhood, when the harm which they do is often irreparable."

IODINE IN STRUMOUS ULCERATIONS.

In going round, a short time since, Mr. Key, of Guy's Hospital, noticed some cases of strumous ulcers, the appearance of which was very much improved under the use of iodine and bark, administered internally, and the external application of the hydriodate of potash ointment. He remarked, "that the treatment of this kind of ulcer by iodine was *now* attended with great success, although when first used in the hospital it did not at all succeed." Its combination with bark we think is useful, and we believe the formula is generally as follows :—Take of decoction of Bark, ℥x.; Tincture of Iodine, 90 drops ; two tablespoonfuls to be taken three times a day.

Prejudices always (sometimes on good grounds) exist against new medicines, but we have here an instance in which a remedy that was at first suspiciously regarded, has proved a most valuable one, and is now in pretty general use. One of the most plausible objections raised against its use at first was, that it sometimes absorbed healthy glands, as for instance the testes or mammæ, but these cases were not common in this country when the experiment was made, and were caused, doubtless, by the abuse rather than the judicious remedial use of the medicine. The great object in exhibiting this remedy should be to discontinue it before it may be presumed to be on the point of producing its full effect on the diseased gland, when it is probable that the portion which exists in the system will be sufficient to effect the desired object without injury to healthy parts. We may here remark, that iodine is occasionally adulterated with the black oxide of manganese and charcoal. This fraud may be detected by the method adopted by Chevallier, which consists in treating it with alcohol, which will dissolve the iodine, and leave the oxide of manganese and the charcoal behind. The iodine of commerce is frequently very humid, containing 12 parts of water in 100, which should be separated before making the tincture, otherwise it tends to cause the decomposition of the preparation. The tincture of iodine is made as follows.—Take of *Iodine*, two scruples ; of *Rectified Spirit*, an ounce ; mix and dissolve the iodine by heat, and keep the mixture in a well-closed vessel. The access of air should be prevented, otherwise crystals of iodine will be deposited, and, besides, the iodine may attract a portion of the hydrogen of the spirit, and become converted into an ioduretted hydriodic acid.—*London Lancet.*

Vaccination.—Professor Lobstein, of Strasbourg, has lately published an interesting history of the variolous epidemic, which prevailed during the years 1825 and 26 in the department of the Lower Rhine. At the present moment, when the stability of Jenner's great discovery seems to be doubted by many, it cannot fail to be instructive to know the sentiments of such an able observer as our author. The inferences he has drawn may be reduced to the four following.

1. That by far the greater number of those who sickened during the epidemics were unvaccinated, or those in whom vaccination had not succeeded.

2. That when the disease attacked those who had been successfully vaccinated, it was invariably mild, and not unlike to varicella.

3. That the striking difference which was universally observed in the severity and fatality of the disease, when it occurred in unvaccinated, and when in vaccinated persons, can be attributable solely to the protecting influence of the cowpox.

4. That therefore the cowpox must be still considered as a most valuable, although not an infallible preservative against smallpox, and that when smallpox does supervene, it is usually mild and much modified.

Archives Generales.

Costume of the Academy of Medicine.—The King of the French has evidently a strong leaning towards the arrangements of the old times of legitimacy; he has just ordered, through his Ministers of Public Instruction, that the Academicians of the Faculty shall in future wear a sort of Court dress at their sittings. Their uniform is to be a black coat, with violet-colored embroidery for the facings and collar, a sword with gold mounting, and a cocked hat.—*Lon. Med. Gaz.*

The Cause of Cholera discovered.—A gentleman just arrived from India has made the important discovery, that cholera is produced by *eating rice*. This at once accounts, in a convincing and satisfactory manner, for the *rice-water* evacuations by which the disease is characterized. We were not aware that the Russians, Germans, French, English, Americans, and, in fact, all the inhabitants of the world, lived on rice; but we grow wiser as we grow older. The rice-water dejections being everywhere found, is conclusive.—*Ibid.*

The remarks of Dr. Abell, in the commencement of the present No. of the Journal, will be found to possess unusual interest. The pen of Dr. A. should not be idle, and we shall at all times be happy to enrich our pages by his communications.

Whole number of deaths in Boston for the week ending December 7, 26. Males, 11—Females, 15.

Of dropsy on the brain, 4—lung fever, 3—scarlet fever, 1—worm fever, 2—infantile, 1—dysentery, 1—consumption, 3—typhous fever, 1—unknown, 1—burn, 1—brain fever, 1—intemperance, 1—disease of the heart, 1—scrofula, 1—suicide, 1—croup, 1—old age, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

The MEDICAL LECTURES at BOWDOIN COLLEGE will commence on *Monday*, the 17th of February, 1834.

Theory and Practice of Physic, by John Delamater, M.D.
Anatomy and Surgery, by Reuben D. Mussey, M.D.
Obstetrics and Medical Jurisprudence, by James M'Keen, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The *Anatomical Cabinet* is extensive, and the *Library* is one of the most valuable Medical Libraries in the United States. Both are annually increasing.

Every person becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is $50. Graduating fee, including diploma, $10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons Hall at a very reasonable price.

Brunswick, Oct. 7, 1833. (Oct. 30.—eop5t.) P. CLEAVELAND, *Secretary.*

DISSECTOR'S - GUIDE.

Just published by ALLEN & TICKNOR, *The Dissector's Guide, or Student's Companion*; illustrated by wood cuts, clearly exhibiting and explaining the dissection of every part of the human body; by Edward William Tuson, F.L.S., Member of the Royal College of Surgeons in London, &c. &c. First American edition, with additions; by Winslow Lewis, Jr. M.D., Demonstrator of Anatomy to the Medical School at Harvard University.

A. & T. have just received a large supply of the standard Medical Books, which they will sell on the most reasonable terms—wholesale and retail. Their New Catalogue is now ready. Persons wishing, can have them by calling or sending to their store.

CHEAP BOOKS.

Allen & Ticknor have for sale copies of the following works, at very reduced prices. United States Pharmacopœia, edition of 1828. Thacher's American Medical Biography. Bichat on Life and Death. Beclard's Additions to Bichat's Anatomy. *Oct.* 30, 1833. eop8w.

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